

Date:

INTERNATIONAL TUBERCULOSIS NOTIFICATION

TO: *Health Officer, Physician, or Tuberculosis Control Personnel of:*

Country	Province	District	City or Village

The individual named below has **active tuberculosis** and started on treatment in the USA, but he or she has **not completed treatment**. This form is to notify you so that treatment can be completed. Thank you very much for your cooperation.

Tuberculosis Patient's Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

This patient informed us that he/she was going to the following location:

Patient's Address	
City or village	
District, Province	
Country	
Telephone if available	
Contact person at this location	

If you have any questions, contact the following person who treated this patient before his or her departure from the United States:

Name	
Address	
City, State, Zip Code	
Phone, fax, email	

CLINICAL INFORMATION

1. Date of diagnosis of current illness _____

2. This illness is a: ☐ New Case ☐ Relapsed Case (check one)

If relapsed case, describe the patient's prior history of tuberculosis and treatment.

3. Site(s) of disease: ☐ Pulmonary ☐ Extra-pulmonary (specify) _____

4. Initial and most recent laboratory and radiographic test results (sputum or other smears, cultures, susceptibility results, and radiographs)

Date	Test	Result

5. Current Medications and Starting Dates

Drug and dose	Start Date	Drug and dose	Start Date
1.		4.	
2.		5.	
3.		6.	

6. **Treatment Plan.** Our treatment plan for this patient is specified below. This may differ from TB treatment in your country. *Please insure this patient completes a full course of treatment.*

Drug and dose	Stop Date	Drug and dose	Stop Date
1.		4.	
2.		5.	

3.		6.	
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7. Any Other Comments

